

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

County Registrar's No. * 172

Place of Birth Claypool County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH*	<u>Aug</u> (Month)	<u>25</u> (Day)	<u>1924</u> (Year)
FULL NAME	FATHER <u>Lewis Cedric Harmon</u>		
FULL MAIDEN NAME	MOTHER <u>Martha D. Henry</u>		

I HEREBY CERTIFY that the child described herein has been named

Martha Dean Harmon
(Give name in full) (Surname)

Mrs Martha Harmon
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 A.P.

485-825-488